

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Nationwide Mutual Insurance Company Financial &amp; Investments Political Action Committee

ADDRESS (number and street) ▼

One Nationwide Plaza, 1-32-301

☐ Check if different than previously reported. (ACC)

Columbus

OH

43215

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00406215

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Ben Brewster

Signature of Treasurer

Mr. Ben Brewster

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 12 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Nationwide Mutual Insurance Company Financial & Investments Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">324967.20</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">324967.20</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">16472.08</span>	<span style="border: 1px solid black; padding: 2px;">16472.08</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">341439.28</span>	<span style="border: 1px solid black; padding: 2px;">341439.28</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">11500.00</span>	<span style="border: 1px solid black; padding: 2px;">11500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">329939.28</span>	<span style="border: 1px solid black; padding: 2px;">329939.28</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2015

To:

M M / D D / Y Y Y Y Y  
01 31 2015

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

**11. Contributions (other than loans) From:**

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3230.20

3230.20

(ii) Unitemized .....

13241.88

13241.88

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16472.08

16472.08

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

16472.08

16472.08

**12. Transfers From Affiliated/Other**

Party Committees.....

0.00

0.00

**13. All Loans Received .....**

0.00

0.00

**14. Loan Repayments Received.....**

0.00

0.00

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

**16. Refunds of Contributions Made**

to Federal Candidates and Other

Political Committees.....

0.00

0.00

**17. Other Federal Receipts**

(Dividends, Interest, etc.).....

0.00

0.00

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

16472.08

16472.08

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) ..... ▶

16472.08

16472.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	11500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11500.00	11500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	11500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16472.08	16472.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16472.08	16472.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wesley K. Austen**

Mailing Address 2613 NE Seneca Dr

City State Zip Code  
Ankeny IA 50021-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

01 / 23 / 2015

**Transaction ID : EMP2015012310165**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Patricia R. Hatler**

Mailing Address 17 N Parkview Ave

City State Zip Code  
Bexley OH 43209-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

EVP, Chief Legal & Gov Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

01 / 23 / 2015

**Transaction ID : EMP2015012310219**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Terri L. Hill**

Mailing Address 1475 W 3rd Ave  
Apt 301

City State Zip Code  
Columbus OH 43212-2869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

President, NW Growth Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

01 / 23 / 2015

**Transaction ID : EMP2015012310071**

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

576.90

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael C. Keller**

Mailing Address 10542 MacKenzie Way

City State Zip Code  
Dublin OH 43017-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

EVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2015

**Transaction ID : EMP2015012310076**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Daniel T. Kelley**

Mailing Address 2633 N Linden St

City State Zip Code  
Normal IL 61761-9404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

Member-BOD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

01 / 02 / 2015

**Transaction ID : RET-FOM-201501024**

Amount of Each Receipt this Period

416.60

Full Name (Last, First, Middle Initial)

**C. Gale V. King**

Mailing Address 7857 Lambton Park Rd

City State Zip Code  
New Albany OH 43054-8435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

EVP, Chief Administrative Offc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

01 / 23 / 2015

**Transaction ID : EMP2015012310102**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

701.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terry W. McClure**

Mailing Address 2684 Road 151

City

Grover Hill

State

OH

Zip Code

45849-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

Member-BOD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

01 / 02 / 2015

**Transaction ID : RET-FOM-201501023**

Amount of Each Receipt this Period

416.60

Full Name (Last, First, Middle Initial)

**B. Mark A. Pizzi**

Mailing Address 5500 Summerwood Xing

City

Galena

State

OH

Zip Code

43021-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

President & COO, NW Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2015

**Transaction ID : EMP2015012310155**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Brent R. Porteus**

Mailing Address 17293 State Route 83

City

Coshocton

State

OH

Zip Code

43812-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

Member-BOD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

01 / 02 / 2015

**Transaction ID : RET-FOM-201501026**

Amount of Each Receipt this Period

416.60

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

958.20



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Steve Rasmussen

Mailing Address 1 Miranova Pl  
Apt 2425

City State Zip Code  
Columbus OH 43215-5080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2015

Transaction ID : EMP2015012310075

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Mark R. Thresher

Mailing Address 180 Thornbury Ln

City State Zip Code  
Powell OH 43065-9407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

EVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2015

Transaction ID : EMP2015012310211

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Kirt A. Walker

Mailing Address 7227 Waterston

City State Zip Code  
New Albany OH 43054-7126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

President &amp; COO, NW Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2015

Transaction ID : EMP2015012310330

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey W. Zellers**

Mailing Address 5385 Edison St NE

City State Zip Code  
Hartville OH 44632-9190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nationwide

Occupation

Member-BOD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 02 2015

**Transaction ID : RET-FOM-201501025**

Amount of Each Receipt this Period

416.60

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

416.60

3230.20

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blaine for Congress**

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**W. Blaine Luetkemeyer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

**Transaction ID : D9CA514C69F83AD9DC0**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James E. Clyburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

**Transaction ID : 36FB4280764BDD88A6B**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Joseph Toomey**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

**Transaction ID : 501D046762A5BE70518**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Nationwide Mutual Insurance Company Financial & Investments Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2016 General

011

Candidate Name

**Patrick Joseph Toomey**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

**Transaction ID : 6AA17C0F47B346E2B80**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2018 General

011

Candidate Name

**Sherrod Brown**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

**Transaction ID : 11DE6743D8E13087B6B**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael C. Thompson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

**Transaction ID : A3CB8A4A7E9873556E2**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Nationwide Mutual Insurance Company Financial & Investments Political Action Committee

2500.00

State: OH District: 15

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

2500.00

11500.00